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PTO/SB/01 (10-00)
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|---|--|------------------------|--|
| DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | ORT-1581 |
| | | First Named Inventor | Carlos R. Plata-Salaman et al. <i>COMPLETE IF KNOWN</i> |
| | | Application Number | |
| | | Filing Date | |
| | | Group Art Unit | |
| | | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CARBAMATE COMPOUNDS FOR USE IN PREVENTING OR TREATING BIPOLAR DISORDER
(*Title of the Invention*)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------------|---------|----------------------------------|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

10034505 - 202102

| DECLARATION - Utility or Design Patent Application | | |
|---|--------------------------|--|
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | |
| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
| 60/271,680 | February 27, 2001 | |
| I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: | | |
| Application Serial No. | Filing Date | Status |
| | | Patented Patented Patented |
| I hereby appoint: | | |
| <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 → | | Place Customer Number Bar Code Label Here |
| AND | | |
| <input type="checkbox"/> Practitioner(s) named below: <u>Name</u> <u>Registration Number</u> | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | |
| Address all telephone calls to Ellen Ciambrone Coletti at telephone number (732) 524-2359. | | |
| Customer Number Direct all correspondence to: <input checked="" type="checkbox"/> or Bar Code Label 000027777 OR <input type="checkbox"/> Correspondence address below | | |
| Name: | | |
| Address: | | |
| Address: | | |
| City: | State: | ZIP |
| Country | Telephone: | Fax: |

10081606 - 022102

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | |
|---|----------|---|-----------------|-----------------|
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name <u>(first and middle [if any])</u> Carlos R. | | Family Name or Surname | Plata-Salaman | |
| Inventor's Signature | | Date | | |
| Residence: City Ambler | State PA | Country USA | Citizenship USA | |
| Mailing Address 1313 Squire Drive | | | | |
| City Ambler | State PA | ZIP 19002 | Country USA | Citizenship USA |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name <u>(first and middle [if any])</u> Boyu | | Family Name or Surname | Zhao | |
| Inventor's Signature | | Date | | |
| Residence: City Lansdale | State PA | Country USA | Citizenship USA | |
| Mailing Address 106 Weymouth Circle | | | | |
| City Lansdale | State PA | ZIP 19446 | Country USA | Citizenship USA |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF THIRD INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name <u>(first and middle [if any])</u> Roy E. | | Family Name or Surname | Twyman | |
| Inventor's Signature | | Date | | |
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| Mailing Address 3355 Byron Drive | | | | |
| City Doylestown | State PA | ZIP 18901 | Country USA | Citizenship USA |

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| | | | |
|---|----------|---|-----------------|
| NAME OF FOURTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Yong Moon | | Family Name or Surname Choi | |
| Inventor's Signature | | Date | |
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| City Towaco | State NJ | ZIP 07082 | Country USA |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF FIFTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Robert | | Family Name or Surname Gordon | |
| Inventor's Signature | | Date | |
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| Mailing Address 2 Hobbs Court | | | |
| City Robbinsville | State NJ | ZIP 08691 | Country USA |

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